



User Name: Jasen Abrahamsen

Date and Time: Thursday, July 23, 2020 5:19:00 PM EDT

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Document (1)

1. Profile Suite Expert Witness Report: Aron David Rovner M.D.

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Expert

Aron David Rovner M.D.

Area of Expertise: Orthopedic Surgery, Orthopedic Spinal Surgery

Aron David Rovner M.D.

Affiliation: NEW YORK SPINE AND SPORTS SURGERY
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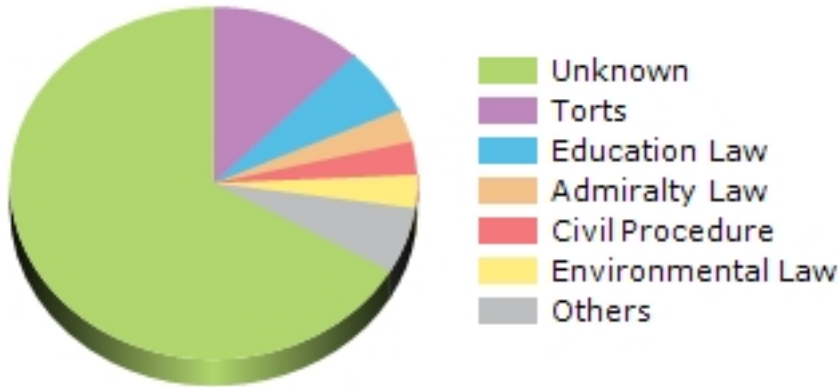
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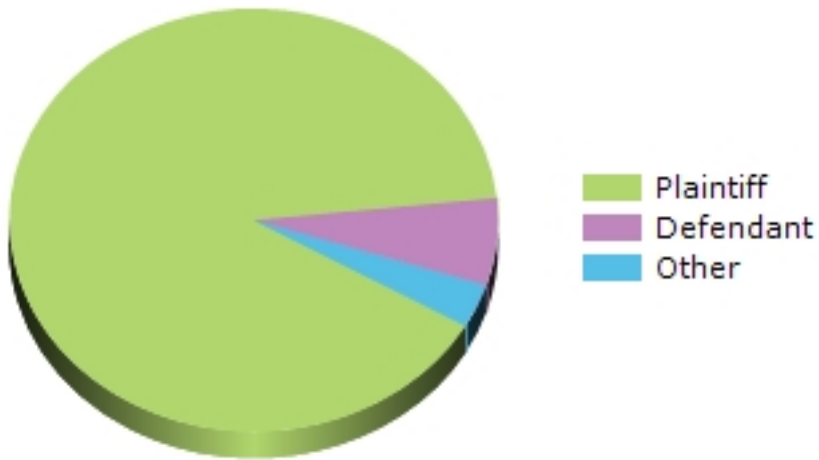
Curriculum Vitae (CV): None

Miscellaneous Directories: None

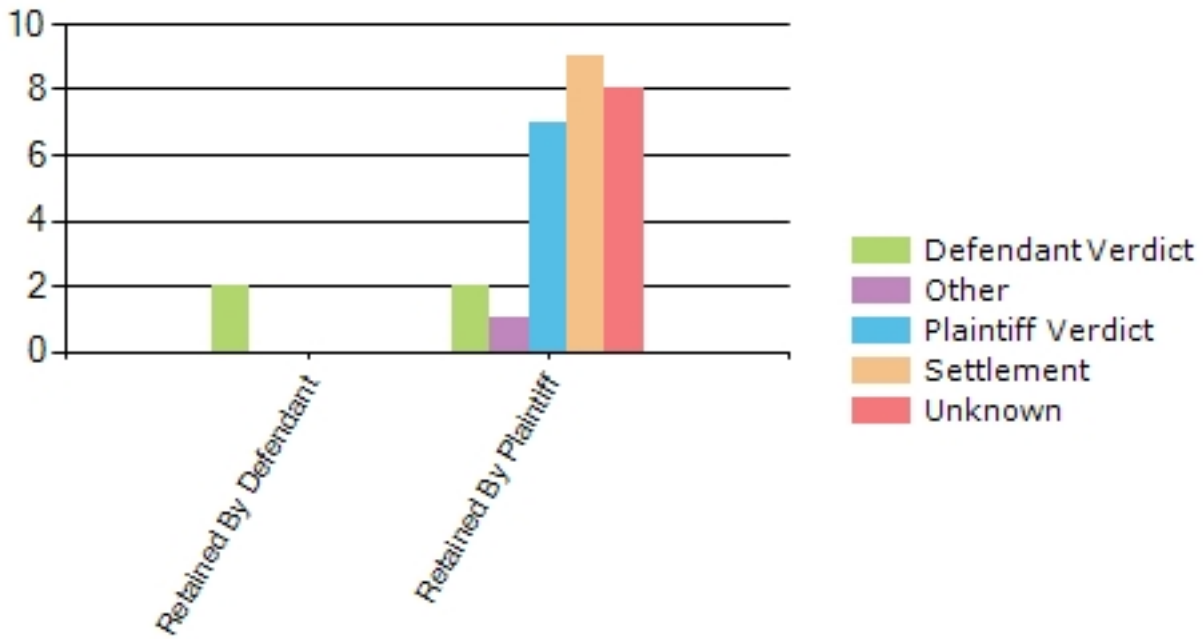
By Practice Area



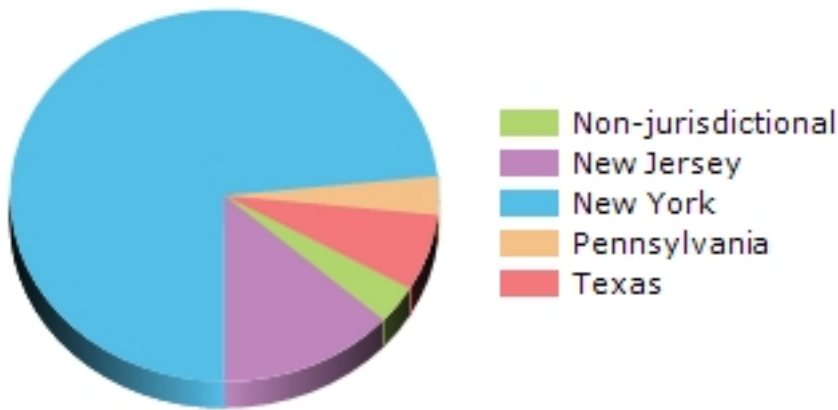
Percent of Cases by Hiring Party



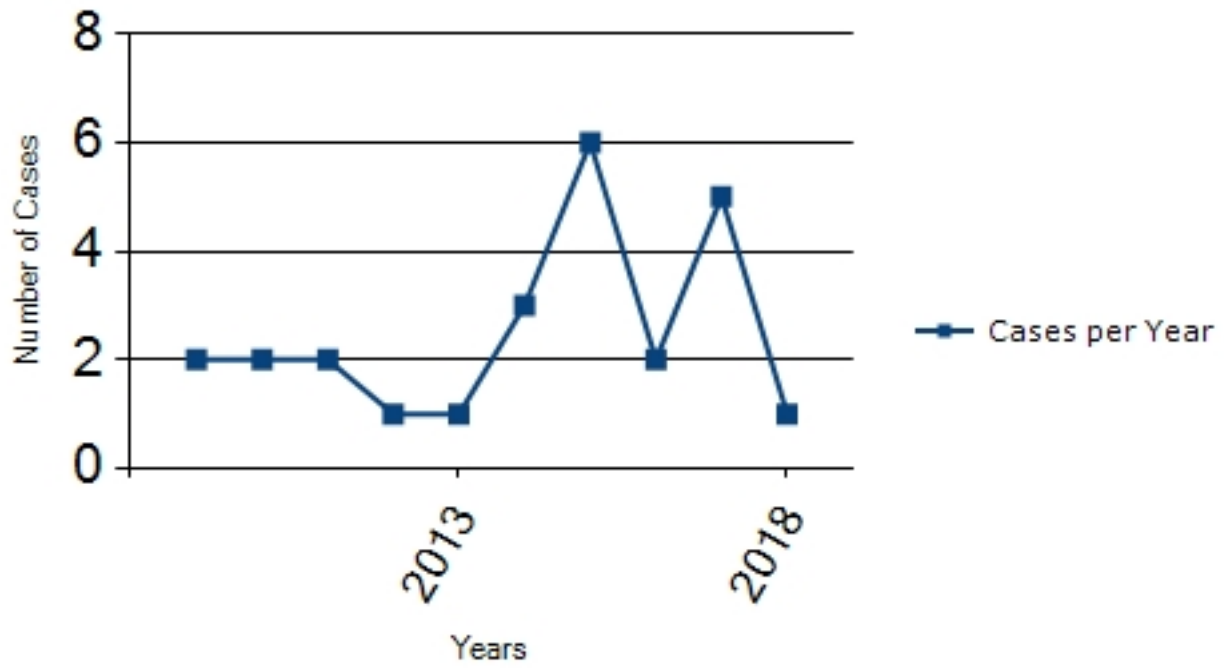
Resolution By Hiring Party



Number of Cases by Jurisdiction



Cases per Year



**EXPERT REPORT OF DR. ARON ROVNER, MD, 2017 MISC. FILINGS LEXIS
8438**

SUPREME COURT OF NEW YORK, NASSAU COUNTY

Case No. 604892/2017

June 6, 2017

Reporter

2017 MISC. FILINGS LEXIS 8438 *

Buendia vs. Bong

Expert Name: Dr. Aron Rovner, MD

Text

[*1] Re: BUENDIA, BRIAN

Patient presents today for followup status post right shoulder arthroscopy April 17, 2017 doing well to the right shoulder. Patient reports significant improvement in range of motion and strength since surgery. Full abduction causes some intermittent pain; however, it is improving with physical therapy. Patient has no acute complaints today. Patient denies any bowel or bladder dysfunction, no fever, sweats, or other complaints, chest pain or shortness of breath, difficulty swallowing.

Review of Systems: Non-contributory.

Past Medical History: Non-contributory.

Allergies: None.

EXAMINATION:

Right Shoulder Examination:

Incision is fully healed, clean, dry and intact.

There is no edema.

There is no erythema or discharge noted around the wound.

Compartments are soft.

No fluctuance appreciated.

Good range of motion.

2+ distal pulses.

4 out of 5 on strength.

Neurovascularly intact.

Neurologically intact.

Sensation is intact.

No signs of active bleeding or infection are noted.

IMPRESSION:

Patient status post right shoulder arthroscopy April 17, 2017 with debridement, synovectomy and lysis of adhesions and bursectomy [*2] doing well to the right shoulder. I believe that patient's symptoms and diagnoses are directly causally related to the accident within a reasonable degree of medical certainty.

PLAN:

At this time I want patient to continue physical therapy with range of motion and strengthening exercises. Patient is cleared to go back to work as of June 13, 2017 with no restrictions. All questions were answered.

Dr. Rovner is reachable and available.

/s/ [Signature]

Jessica Cannava, PA

Dictating for Dr. Aron Rovner

Dictated but not proofread

JC/sh/786

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EXPERT REPORT OF ARON ROVNER, M.D., F.A.A.O.S., 2016 MISC. FILINGS
LEXIS 5519

SUPREME COURT OF NEW YORK, KINGS COUNTY

Case No. 518495/2016

September 9, 2016

Reporter

2016 MISC. FILINGS LEXIS 5519 *

Eileen Vasquez v. Grace McDonald

Expert Name: Aron Rovner, M.D., F.A.A.O.S.

Text

[*1] RE: VAZQUEZ, EILEEN

Patient comes in with persistent severe back pain radiating down both lower extremities. Patient also has severe neck pain. Patient did not have any prior symptoms. The patient has been treated with physical therapy and other conservative modalities since the time of the accident. The pain persists. Patient denies any bowel or bladder dysfunction, no fever, sweats, or other complaints, chest pain, shortness of breath, difficulty swallowing.

Past Medical History: Non contributory.

Review of Systems: Non contributory.

Allergies: None.

EXAMINATION:

Lumbar Spine Examination:

Neurologically intact in both lower extremities.

Cervical Spine Examination:

Cervical Spine Examination:

Active and passive range of motion was tested. Range of motion is diminished:

Flexion: 20 degrees (normal flexion: 45 degrees),

Extension: 20 degrees (normal extension: 45 degrees),

Left and right side bending: 30 degrees (normal side bending: 45 degrees),

Left rotation: 70 degrees Right rotation: 70 degrees (normal lateral rotation: 80 degrees).

No tenderness to palpation. No spasming noted.

Positive Spurling's sign right.

Negative L'hermittes **[*2]** sign.

Jasen Abrahamsen

Sensory exam completely intact all distribution both upper and lower extremities. Motor function 5 out of 5 all distributions both upper and lower extremities Full grip strength. Deep tendon reflexes are 2 out of 4 bilateral biceps, triceps, and brachioradialis. Negative Hoffman's test bilateral. Negative Babinski's sign. Negative clonus.

MRI of lumbar spine shows disc herniation at L5/S1 level. MRI was personally reviewed by myself including the images.

IMPRESSION:

Intractable severe back and neck pain. Patient has failed conservative modalities of treatment. I believe that patient's symptoms and diagnoses are directly causally related to the accident on April 20, 2016 within a reasonable degree of medical certainty. Patient did not have any prior symptoms. Patient has failed conservative modalities of treatment for neck and back.

PLAN:

At this time I am recommending discectomy at the L5/S1 level. Risks, benefits, and alternatives of lumbar surgery were discussed at length with the patient. Risks include, but are not limited to: chronic, and progressive back pain, leg numbness, tingling, and weakness, nerve damage, infection possibly requiring surgery, fungal, [*3] viral, or bacterial meningitis, that can cause paralysis, or death, dural tear, CSF leak, possibility of requiring operation, pseudomeningocele causing permanent pain, reflex sympathetic dystrophy, complex regional pain syndrome, bone loss, osteoporosis possibly causing fracture, blindness, stroke, heart attack, paralysis, and death. All above risks may be permanent. Alternatives of treatment were discussed, including but not limited to non-surgical intervention continued physical therapy, pain management, acupuncture, chiropractic treatment. All questions were answered. Regarding cervical spine I am recommending MRI scan of cervical spine.

/s/ [Signature]

Aron Rovner, MD, FAAOS

Board Certified in Orthopedic Surgery

Fellowship Trained in Spine Surgery

Dictated but not proofread

AR/sh/154/155

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